



**Markel Insurance Company**  
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 Email: mscsubmissions@markelcorp.com  
 Website: markeloutdoors.com

## Fishing and hunting lodges and plantations application

(Submit ACORD applications for Property and Inland Marine Coverages (including full schedule))

Markel agent number: \_\_\_\_\_  
 Business name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Website: \_\_\_\_\_  
 Contact person & phone number: \_\_\_\_\_

### Section 1 - Applicant information

1. Desired effective date: \_\_\_\_\_
2. Type of ownership:  Corporation  Individual  Joint Venture  Limited Liability Company  Trust  
 Organization  Partnership FEIN: \_\_\_\_\_
3. Number of years business has been established: \_\_\_\_\_ Number of years in this type of business: \_\_\_\_\_
4. Has the applicant filed for bankruptcy or had a foreclosure within the last 10 years?  Yes  No
5. Total receipts for all operations: \$ \_\_\_\_\_
6. What is your average occupancy rate? \_\_\_\_\_%
7. Applicant is a member of:  NRA Business Alliance Member  ORVIS  Safari Club International  
 Other: \_\_\_\_\_  None
8. Dates of operation: opening date: \_\_\_\_\_ to closing date: \_\_\_\_\_
9. Do any additional insureds need to be added to this policy? (Liability only) If additional space is needed, provide on an additional page.
  - a.  Owner of premises  Government entity  Other: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_
  - b.  Owner of premises  Government entity  Other: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_
10. Location of actual operation(s), including street, county, city, state and zip code. For additional locations, provide on an additional page.

Location	# Acres	# Years at location	Miles from fire department	Check one below:
1.				<input type="checkbox"/> Own <input type="checkbox"/> Rent
2.				<input type="checkbox"/> Own <input type="checkbox"/> Rent

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**Section 2 – Property and liability insurance information**

1. Must be completed in full in order to receive a quote, or attach 3-5 years currently valued, loss information.

Company	Effective/expiration date	Premium	No. of claims	Amount paid

2. Provide details of losses/incidents over \$2,500 within the past 5 years with dates of loss, including amount paid, on a separate sheet of paper. Check here if none

3. Has your coverage been cancelled (other than non-pay) in the last 3 years?  Yes  No  
If yes, explain: \_\_\_\_\_

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**Section 3 - Safety measures** (This section applies to all activities.)

1. Is the facility unoccupied or unsupervised at any time?  Yes  No  
If yes, explain: \_\_\_\_\_

2. a. Does each person participating in an activity, including parent/legal guardian of a minor, sign a waiver?  Yes  No

b. Are signed waivers kept or archived for a minimum of 3 years?  Yes  No

3. Are emergency procedures and exit routes posted in all guest rooms?  Yes  No

4. Are all guest rooms equipped with smoke detectors?  Yes  No

5. Is emergency lighting installed where required?  Yes  No

6. Are safety rules posted for all guests to read?  Yes  No

7. Do you have any special accommodations for disabled guests?  Yes  No

If yes, please provide details: \_\_\_\_\_

8. a. Total number of employees: \_\_\_\_\_

b. Do you conduct:  Employee/volunteer background checks  Reference checks  Personal Interviews  None

c. Are all employees 18 years or older?  Yes  No

If no, list duties for employees under 18: \_\_\_\_\_

9. a. Is at least one employee trained in:  EMT  First aid  CPR; available at all guest activities?  Yes  No

b. Are updated and fully stocked medical kits available on premises?  Yes  No

10. Do employees carry communication devices with them (2-way radio, mobile phone, etc.) in case of emergency?  Yes  No

11. a. Are written safety procedure guidelines provided to all staff members?  Yes  No

1) If yes, are safety procedures reviewed with all staff on a regular basis?  Yes  No

2) Is a formal procedure in place for incident reporting?  Yes  No

b. Do you have a written crisis management/emergency plan?  Yes  No

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**Section 4 - Liability Section**

1. Choose one limit of liability:

\$500,000 occurrence / \$1,500,000 aggregate

\$1,000,000 occurrence/ \$2,000,000 aggregate

\$1,000,000 occurrence/ \$3,000,000 aggregate

2. Do you lease your facilities for special events?  Yes  No
- If yes, a. Is a written lease or agreement/contract required for every rental?  Yes  No
- b. Do you obtain certificates of insurance with liability limits of at least \$1,000,000?  Yes  No
- c. Are you named as an additional insured on the lessee's liability insurance policy?  Yes  No
- d. What are you gross receipts from all rental operations? \$ \_\_\_\_\_
- e. Are all safety requirements in the lease agreement?  Yes  No
3. Is alcohol available for guest consumption?  Yes  No
- If yes, a. Liquor receipts: \$ \_\_\_\_\_
- b. Does your staff receive training for intervention procedures (TIPS) training?  Yes  No
4. Are guests allowed to bring their  Dog  Horse  Other: \_\_\_\_\_  Yes  No
- If yes, are all animals required to have inoculations?  Yes  No
5. a. Check the following included in your operations. Check here if no exposures.
- Bird sales - receipts: \$ \_\_\_\_\_  Liquor sales - receipts: \$ \_\_\_\_\_
- Factory ammunition sales - receipts: \$ \_\_\_\_\_  \*Restaurant - receipts: \$ \_\_\_\_\_
- Fishing equipment rental - receipts: \$ \_\_\_\_\_  Firearm sales - receipts: \$ \_\_\_\_\_
- Fishing equipment sales - receipts: \$ \_\_\_\_\_  Other: \_\_\_\_\_ - receipts: \$ \_\_\_\_\_
- Gasoline/fuel pumps - receipts: \$ \_\_\_\_\_ \*Complete Restaurant Supplement.
- Pro shop - receipts: \$ \_\_\_\_\_ (don't include firearm sales/receipts)
- b. Any of the above available to members of the public who are not registered guests at the facility?  Yes  No
6. Is there an air strip on the premises?  Yes  No
- If yes, a. Used by:  Owner  Guest  Other: \_\_\_\_\_
- b. \*Is the air strip separately insured?  Yes  No
- \*If yes, provide a certificate of insurance with an admitted "A" rated carrier, with equal or greater general liability limits.

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### Section 5 - Lodging and premises information

1. What is your average occupancy rate? \_\_\_\_\_%
2. Does an owner or manager live on the premises?  Yes  No
- a. If no, how often do they check the premises? \_\_\_\_\_
- b. If the owner lives on premises, does the owner have a homeowners insurance policy or personal fire and liability insurance?  Yes  No
- c. Do owners or managers live in the same building as the guests?  Yes  No
- d. Do any rooms have cooking facilities (other than a microwave)?  Yes  No
- e. Check all of the following that apply:
- Fire alarm is connected to owner/manager's residence  Fireplace
- Fire alarm is central station with 24 hour monitoring  Wood stove
- Fire alarm is loud enough to be heard throughout facility  Portable heater
- Direct egress from all bedrooms via windows, balconies, doors or fire escapes

3. Type of lodging:  Plantation house: number of guest rooms: \_\_\_\_\_ maximum guest capacity: \_\_\_\_\_  
 Cabin: number of guest rooms: \_\_\_\_\_ maximum guest capacity: \_\_\_\_\_  
 Lodge: number of guest rooms: \_\_\_\_\_ maximum guest capacity: \_\_\_\_\_  
 Other: \_\_\_\_\_ number of guest rooms: \_\_\_\_\_ maximum guest capacity: \_\_\_\_\_

4. If your business is seasonal, or if property is unoccupied at any time, describe your winterization process: \_\_\_\_\_

5. Do you own or operate any other businesses or operations, including farming or rental properties?  Yes  No

If yes, a. Describe businesses and operations: \_\_\_\_\_

b. Are they insured elsewhere?  Yes  No

If yes, provide a Certificate of Insurance with an admitted "A" rated carrier, with equal or greater General Liability limits.

**NOTE:** Policy does not provide Personal Liability Coverage.

**Section 6 - Lodge and plantation activities**

1. All operations must be declared. \*Must complete an additional Supplement.

Activity	No Exposure	Included	Ratio of wranglers/ guides to guests	Number of units	Receipts (if not included in weekly fee)
All terrain vehicle trips	<input type="checkbox"/>	<input type="checkbox"/>			\$
Archery, rifle range, sporting clay, trap, skeet*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Bar/lounge*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Boating	<input type="checkbox"/>	<input type="checkbox"/>			\$
Cattle drives	<input type="checkbox"/>	<input type="checkbox"/>			\$
Children's/youth camp or program*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Classes/seminars/workshop*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Climbing wall, ropes/challenge course*, zip lines	<input type="checkbox"/>	<input type="checkbox"/>			\$
Cross country skiing, snow shoeing*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Down hill skiing	<input type="checkbox"/>	<input type="checkbox"/>	No coverage provided		
Guided fishing	<input type="checkbox"/>	<input type="checkbox"/>			\$
Hay rides, sleigh rides, wagon rides, carriage rides, and/or stagecoach rides*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Hunting	<input type="checkbox"/>	<input type="checkbox"/>			\$
Paint ball	<input type="checkbox"/>	<input type="checkbox"/>	No coverage provided		
River rafting and tubing (including White Water)*	<input type="checkbox"/>	<input type="checkbox"/>			\$
RV camp hookups	<input type="checkbox"/>	<input type="checkbox"/>			\$
Snowmobile*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Spa services*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Technical mountaineering	<input type="checkbox"/>	<input type="checkbox"/>			\$
Trail rides	<input type="checkbox"/>	<input type="checkbox"/>			\$
Trampoline	<input type="checkbox"/>	<input type="checkbox"/>	No coverage provided		
Water activities/swimming pool*	<input type="checkbox"/>	<input type="checkbox"/>			\$
Weddings/private parties	<input type="checkbox"/>	<input type="checkbox"/>			\$

2. Are any of the above activities conducted by an independent contractor?  Yes  No

If yes, what services are contracted out? \_\_\_\_\_

3. Do you obtain certificates of insurance from the independent contractors?  Yes  No

If yes, are you named as an additional insured on their policy(ies)?  Yes  No

4. Are any activities conducted off premises?  Yes  No  
If yes, which activities? \_\_\_\_\_
5. Are any activities unguided?  Yes  No  
If yes, which activities? \_\_\_\_\_
6. Are any activities open to the public?  Yes  No  
If yes, which activities? \_\_\_\_\_
7. What activities are available for guests not hunting or fishing? \_\_\_\_\_

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**Section 7 - Hunting**  No Exposure. If no exposure, skip this section.

1. Type of game being hunted:  Big game  Turkey  Upland birds  Waterfowl  Other: \_\_\_\_\_
2. a. Who is responsible for the layout of hunting lanes or designated areas for hunting? \_\_\_\_\_  
b. What experience does this individual have? \_\_\_\_\_  
c. Does it meet the state regulatory agency?  Yes  No
3. a. Do you provide firearms for quests?  Yes  No  
b. Indicate if you provide:  Gunsmithing  Repair services  Factory ammunition  
 Reloaded ammunition  None  
c. Do you sell:  Firearms  Ammunition  Factory load  Reload  Yes  No
4. Firearms are sighted in:  On-site shooting range  Off-site shooting range  Other: \_\_\_\_\_  None
5. Guide to hunter ratio while hunting: \_\_\_\_\_ guides to \_\_\_\_\_ guests
6. Are hunters required to be back by dusk?  Yes  No  
If no, explain: \_\_\_\_\_
7. a. Type of vehicles used to transport hunters:  Hunting buggy (modified vehicle)  All terrain/utility vehicle  
 Other: \_\_\_\_\_  None  
b. Are any of the vehicles licensed for road use?  Yes  No
8. a. Hunting stand(s) used are:  Manufactured  Homemade  None  
b. Type of hunting stand(s):  Hang-on  Tower  Ladder  Climbing  
c. Who installs the hunting stands?  Applicant/employee  Guide  Guest  Other: \_\_\_\_\_  
d. How often are hunting stands checked for safety?  Each use  Weekly  Seasonal  Other: \_\_\_\_\_  
e. Are safety harnesses required?  Yes  No  
If not, why? \_\_\_\_\_
9. Are hunters required to wear fluorescent orange per state regulatory agency guidelines?  Yes  No
10. a. Are dogs used for hunting?  Yes  No  
b. If yes, how many dogs are owned by you? \_\_\_\_\_ How many dogs are owned by guests? \_\_\_\_\_  
c. Is applicant:  Selling  Breeding or  Training dogs for other than own use?  Yes  No
11. Are guests allowed to bring their own dogs?  Yes  No
12. Percentage of hunting operations are: Guided \_\_\_\_\_% Unguided \_\_\_\_\_%
13. Minimum age required for hunting: \_\_\_\_\_  None
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**Section 8 - Fishing questions**  No exposure. If no exposure, skip this section.

1. Guide to guest ratio while fishing: \_\_\_\_\_ guides to \_\_\_\_\_ guests.
2. Are children under 12 always accompanied by a parent or legal guardian?  Yes  No

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**Section 9 - Boating**  No exposure. If no exposure, skip this section.

1. Boats are used for:  Hunting  Fishing  Boat rental  Other\*: \_\_\_\_\_ (\*Complete Boat Supplement)
2. Any daily rental of boats provided to guests?  Yes  No  
If yes, is boating activity  Guided  Unguided?
3. a. Boat activities are conducted on:  Rivers  Lakes/ponds  Ocean  Bay/inlets.  
b. Rivers navigated are:  Class I  Class II  Class III  Class IV or higher.
4. Maximum passenger/guest capacity of each boat: \_\_\_\_\_
5. Are guests allowed to operate boats?  Yes  No
6. Are coast guard approved life vests (Personal Floatation Devices)  provided  required to be worn?  Yes  No
7. Number of boats used: \_\_\_\_\_  Jon boat \_\_\_\_\_  Drift/float boat \_\_\_\_\_  Row boat \_\_\_\_\_  
 Other: \_\_\_\_\_
8. a. Describe boats including type, length and horse power (attach separate sheet if needed): \_\_\_\_\_  
\_\_\_\_\_  
b. List bow of boat(s) registration number(s), if applicable: \_\_\_\_\_  
\_\_\_\_\_

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**Section 10 - All terrain vehicles/golf carts/snowmobiles**  No exposure. If no exposure, skip this section.

1. All terrain/golf carts/snowmobiles used for:  Transporting guests  Tours/sightseeing  
 Game retrieval  Hunting  Other: \_\_\_\_\_
2. a. Do you offer approved helmets for all terrain vehicles and snowmobile use?  Yes  No  
b. List all activities where you require helmets: \_\_\_\_\_
3. Minimum age allowed to use an all terrain vehicle/golf cart/snowmobile: ride: \_\_\_\_\_ age drive: \_\_\_\_\_ age
4. Are any vehicles ever loaned or given to employees for their personal use?  Yes  No
5. Guests are allowed to drive club owned:  All terrain/utility vehicles  Snowmobiles  Golf carts  None
6. Are guests allowed to bring their own:  All terrain vehicle  Snowmobile  Golf carts  Yes  No
7. a. Number of 4 or more wheels: \_\_\_\_\_ Describe use: \_\_\_\_\_  
b. Number of golf carts: \_\_\_\_\_ Describe use: \_\_\_\_\_  
c. Number of 3-wheels: \_\_\_\_\_ Describe make and use: \_\_\_\_\_  
d. Provide vehicle make, age and model: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Note:** No liability coverage for individually owned vehicles or non-club activities.

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**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We

may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

**Fraud Warning:** Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

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## STATE FRAUD STATEMENTS

### **Applicable in AL, AR, DC, LA, NM, RI and WV**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in MD**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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**Please send my insurance policy by:**  E-mail (Be sure to complete the email address at the top of this application.)  
 Please mail my policy (Allow 7-10 business days.)

How did you hear about Markel?  Magazine ad  Referral  Convention/conference  Website  Other  
Describe: \_\_\_\_\_

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_

**Thank you for choosing Markel!**